

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4111HHA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/25/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAMILY CARE HOME HEALTH AGENCY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2780 S JONES STE B LAS VEGAS, NV 89146</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 00	<p><b>INITIAL COMMENTS</b></p> <p>This Statement of Deficiencies was generated as the result of a State licensure survey conducted at your agency on 7/24/08 through 7/25/08. The State licensure survey was conducted in conjunction with the Medicare recertification survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The state license survey was conducted in accordance with Chapter 449, Home Health Agencies, adopted by the State Board of Health November 28, 1973, last amended November 17, 2005.</p> <p>The following regulatory deficiencies were identified:</p> <p>NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility.</p> <p>1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall:</p> <p>(a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188;</p>	H 00	<p><i>Corrective action for employees affected by the deficient practice.</i></p> <p>Background checks have been conducted for Employees #1 (<u>Attachment SL-1</u>)</p> <p>The agency is unable to correct the deficient practice for Employee #5 as this employee is no longer active.</p> <p><i>Other employees having the potential to be affected by the deficient practice.</i> All employees have the potential to be affected by this deficient practice.</p> <p><i>Measures or systemic changes instituted to ensure the deficient practice will not recur.</i></p> <p>At the time of hire, the staff member responsible for Human Resources will ascertain if the employee has been fingerprinted by another agency/facility within the preceding 5 months. If the employee has been fingerprinted during this period, the agency will obtain the employees permission to obtain the results of the fingerprints from the Criminal Repository. Human Resources will request an official report from the Criminal Repository regarding these results.</p> <p>If the employee has not previously been fingerprinted or fingerprints were obtained greater than 5 months prior to employment by the agency, the agency will ensure the employee is re-fingerprinted and the fingerprints will be submitted to the Criminal Repository. Human Resources will maintain a tracking system</p>		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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TITLE

Administrator

(X6) DATE

12/2/08

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H 00	Continued From page 1  (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the central repository for Nevada records of criminal history the fingerprints obtained pursuant to paragraph (c). 2. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the central repository for Nevada records of criminal history within the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor has been convicted of any crime set forth in NRS 449.188. 3. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at once every 5 years. The administrator or person shall: (a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward	H 00	indicating when employees were fingerprinted and when results were received from the Criminal Repository.  The actual report from the Criminal Repository will be maintained in the employee's personnel record.  <i>Monitoring of corrective action.</i> Human Resources will review the personnel record of newly hired employees thirty (30) days after employment to ensure fingerprints have been submitted to the Criminal Repository and/or a report has been received from the Criminal Repository.  <i>Responsible Party for monitoring compliance</i> While Human Resources is primarily responsible for ensuring compliance with this regulatory requirement, the agency Administrator is ultimately responsible for ensuring this requirement is met. Date of completion 12/2/08	

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H 00	<p>Continued From page 2</p> <p>the fingerprints on file or obtained pursuant to paragraph (a) to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the central repository for Nevada records for criminal history.</p> <p>NRS 449.185 Termination of employment or contract of employee or independent contractor of certain agency or facility who has been convicted of certain crime; liability of agency or facility.</p> <p>1. Upon receiving information from the Central Repository for Nevada Records of Criminal History pursuant to NRS 449.179, or evidence from any other source, that an employee or independent contractor of an agency to provide nursing in the home, a faculty for intermediate care, a facility for skilled nursing or a residential facility for groups has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188, the administrator of, or the person licensed to operate the agency or facility shall terminate the employment or contract of that person after allowing him time to correct the information as required pursuant to subsection 2.</p> <p>Based on personnel record review, the agency failed to ensure the criminal background history results for 2 of 5 sampled employees (#1, #5).</p> <p>Findings include:</p> <p>There was no documented evidence to ensure Employee #1 and #5 had criminal background results from the Central Repository for Nevada.</p> <p>Severity: 2      Scope: 2</p>	H 00		

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H149	Continued From page 3	H149	<b>H149</b> <i>Corrective action for employees affected by the deficient practice.</i> Employee #2 resigned from the agency prior to receiving the Statement of Deficiencies. Employee #1 and Employee #4 have received orientation to the policies and procedures of the agency. ( <i>See Attachment SL-2</i> )  Other employees having the potential to be affected by the deficient practice. All employees have the potential to be affected by this deficient practice.  <i>Measures or systemic changes instituted to ensure the deficient practice will not recur.</i>  All newly hired employees will receive orientation to the agency prior to visiting patients. The orientation will be documented and include the date and staff member orienting the employee. <i>Monitoring of corrective action.</i> The Director of Professional services will assign a staff member to conduct the orientation. This staff member will document the completion of the orientation and submit the documentation to the Director of Professional Services. Human Resources will review all new employee personnel records thirty (30) days after hire to ensure this documentation is included in the employee's personnel record.	
H149	449.782 Personnel Policies  A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 3. The orientation of all health personnel to the policies and objectives of the agency, training while on the job, and contributing education; This Regulation is not met as evidenced by: Based on personnel record review, the agency failed to ensure their health personnel were oriented to the policies and objectives of the agency for 4 of 5 employees in the sample. (#1, #2, #4, #5)  Findings include:  Personnel record review revealed there was no documented evidence to ensure an orientation to the policies and objectives of the agency was provided to Employees #1, #2, #4, and #5.  Severity: 1    Scope: 3	H149		
H151	449.782 Personnel Policies  A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 5. Job descriptions for each category of	H151	<i>Responsible Party for monitoring compliance</i> The Director or Professional Services will have ultimate responsibility for ensuring all staff is oriented to the agency's policies and procedures. Date of completion 12/2/08  <b>H151</b> <i>Corrective action for employees affected by the deficient practice.</i>	

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H151	Continued From page 4  personnel which are specific and include the type of activity each may carry out; This Regulation is not met as evidenced by: Based on personnel record review, the agency failed to ensure a job description was available for review for 4 of 5 sampled employees (#1, #2, #4, #5).  Findings include:  There was no documented evidence to verify Employees #1, #2, #4, and #5 had job descriptions available for review.  Severity: 1 Scope: 3	H151	Employee #2 resigned from the agency prior to receiving the Statement of Deficiencies. Employee #1 and Employee #4 have reviewed their job descriptions and the job descriptions have been filed in their respective personnel records ( <i>Attachment SI-3</i> ).  Other employees having the potential to be affected by the deficient practice. All employees have the potential to be affected by this deficient practice.  <i>Measures or systemic changes instituted to ensure the deficient practice will not recur.</i> Human Resources will ensure job descriptions are included in each new employee packet. The new employee will review and sign the job description at the time the packet is reviewed with the employee. The employee will receive a copy of the job description; the original job description will be filed in the personnel record.  <i>Monitoring of corrective action.</i> Human Resources will review all new employee personnel records thirty (30) days after hire to ensure signed descriptions are included in the employee's personnel record. <i>Responsible Party for monitoring compliance</i> While Human Resources is primarily responsible for ensuring compliance with this regulatory requirement, the agency Administrator is ultimately responsible for ensuring this requirement is met. Date of completion 12/2/08  <b>H153</b> <i>Corrective action for employees affected by the deficient practice.</i> Employee #2 resigned from the agency prior to receiving the Statement of Deficiencies.	
H153	449.782 Personnel Policies  A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and  This Regulation is not met as evidenced by: Based on review of the personnel records, the agency failed to ensure compliance with NAC 441A.375 for tuberculosis screening test and pre-employment physical examination to the employees in 3 of 5 cases. (#2, #3, #5)  Findings include:  Sec. 10. NAC 441A.375 is hereby amended to	H153		

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H153	Continued From page 5  read as follows: 441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis	H153	Employee #3 was instructed to provide document evidence of tuberculosis and/or physical examination ( <u>Attachment SL-4</u> )  <i>Other employees having the potential to be affected by the deficient practice.</i> All employees have the potential to be affected by this deficient practice.  <i>Measures or systemic changes instituted to ensure the deficient practice will not recur.</i> At the time of hire, Human Resources will ascertain if the new employee has obtained a 2-step tuberculosis skin test within the past twelve (12) months. If so, the employee will be required to submit documentation of such testing.  If the employee has not had a 2-step tuberculosis skin test or cannot provide documented evidence of tuberculosis skin testing, the agency will ensure such testing is completed prior to the employee visiting patients.  If the employee identifies a history of previous positive skin test results or administration of the BCG vaccine, the employee will provide evidence to the agency related to this history. The employee will provide documented evidence of a negative Chest x-ray reports to the agency. These employees will be required to complete an annual questionnaire indicating if they have any symptoms of tuberculosis. If the employee indicates they are suffering from tuberculosis symptoms, they will be removed from patient care and the agency will ensure the employee obtains a follow-up chest x-ray.  Human Resources will inform all newly hired employees of the need for a pre-employment physical examination to ensure the employee is free from communicable diseases and able to	

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H153	<p>Continued From page 6</p> <p>screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on personnel record review, the agency</p>	H153	<p>perform the duties stated in the job description. This examination will be completed prior to employment.</p> <p><i>Monitoring of corrective action.</i> Human Resources will review the personnel record of newly hired employees thirty (30) days after employment to ensure tuberculosis skin testing, chest x-rays and physical examinations are in the employee's personnel record. A tracking system will be initiated to ensure annual tuberculin skin tests are administered.</p> <p><b>Responsible Party for monitoring compliance</b> While Human Resources is primarily responsible for ensuring compliance with this regulatory requirement, the agency Administrator is ultimately responsible for ensuring this requirement is met. Date of completion 12/2/08</p>		

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H153	<p>Continued From page 7</p> <p>failed to ensure compliance with chapter 441A of Nevada Administrative Code for 3 of 5 employees (#2, #3, #5).</p> <p>Findings include:</p> <p>Review of the personnel records revealed:</p> <ul style="list-style-type: none"> <li>- The records of Employees #2, #3, #5 lacked documented evidence of a tuberculosis screening test.</li> <li>- The record of Employee #5 lacked documented evidence of a pre-employment physical examination.</li> </ul> <p>Severity: 1    Scope: 3</p>	H153		

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